PI

**Linda McCulloch, Superintendent** Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

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<b>DUE</b>
DATES

			,							
DUE DATES:		February 1 February 1	to Cou 5 to Sta	te Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI										
This clain	n is for the	period beginning	I		,	20 and e	ending	<b>,</b>	20	
				month	day			nonth da		
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District					District Le	vel:	
20 Granite 0416 Philipsburg K-12 Schools							High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	1	1		85	1.57	72	08/26/05			
100	1	2		83	0.95	48	08/26/05			
100	1	2A		83	1.57	72	None			

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## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

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DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester  May 10 to County Superintendent  May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHO	OL BUS TRA	NSPORTATION	•	
This clair	n is for the	period beginning			,	20	and ending , 20 .			20	
			1	nonth	day			1	month d	ay	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County: Distri				District:				District Level:			
20 Granite 0419 Drummond Elem						Elementary					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	Bus Driver's Social Security #	
50	11	Hall Rout	e	57	1.36	66		07/09/05			
50	11	Rock Cree	k	128	1.57	72		07/09/05			

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20 Granite

Percentage

50

50

District

#

2

2

Route

Hall Route

Rock Creek

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0420 Drummond H S

Miles

Per Day

57

128

Rate

Per Mile

1.36

1.57

School District Claim for State Reimbursement for School Bus Transportation

**High School** 

Days

Operated

Bus Driver's

Social Security #

		.,						
DUE DATES:	February 1	First Semester to County Supering to State Supering			Second Semester  May 10 to County Superintendent  May 24 to State Superintendent			
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEMI	ENT FO	R SCHOOL	BUS TRANSPOR	TATION:	
This claim is for the period beginning							, 20	
		month	day			month	day	
CERTIFICATION:								
The inform	nation on this form is comp	lete and accurate to th	e best of my	knowledg	ge.			
Date		Signature, Chair, Boar	rd of Trustees					
County:		District:					District Level:	

Capacity

66

72

Inspection

07/09/05

07/09/05

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